

taxed 09/18/14

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup> Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

2014 SEP 19 AM 8:00

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Joan Kay Behrle or Supervisor

**IMPORTANT:** Indicate by # type of committee you are reporting for: 5  
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Joan Ky Behrle

Political Party (if applicable)  
Democratic

Office Sought

Fayette County Supervisor

District (if Senate or House)

**FORM**

**DR-2**

(Rev. 12/2009)

**DISCLOSURE  
REPORT**

**For Office Use Only**

Comm # 19291

Logged In

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.2A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Joan Kay Behrle  
**SIGNATURE OF PERSON FILING REPORT**

319-329-6658  
**TELEPHONE**

09/18/14  
**DATE SIGNED**

I AM FILING A September 14, 2014

(report date)

**REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.**

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 435.09

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

235.00

Schedule F: Loans Received total (Attach Schedule F)

100.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL**

\$ 770.09

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*also see debts and loans below)

764.32

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

\$ 5.77

**IN-KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

15.00

\$ 100.00

**CANDIDATE COMMITTEES ONLY:**



For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS – MONEY TAKEN IN**  
(including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 12/13)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Joan Kay Behrle for Supervisor

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

FOR DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FUND-RAISER INCOME
06/22/14	ID# CK#	Ronald Myrom, 348 S. Vine Street, West Union, IA 52175		\$100.00	<input type="checkbox"/>
07/03/14	ID# CK#	Arline Davissson, P.O. Box 103, Clermont, IA 52135		25.00	<input type="checkbox"/>
7/30/14	ID# CK#	Gene Fuelling, 35 Wildwood LN., Oelwein, IA 50662		25.00	<input type="checkbox"/>
8/12/14	ID# CK#	Julie Johnson, 602 1st Ave., Oelwein, IA 50662		20.00	<input type="checkbox"/>
8/16/14	ID# CK#	Roger Amundson, 505 Mill Street, Clermont, IA 52138		15.00	<input type="checkbox"/>
9/13/14	ID# CK#	Robert Grover, 1915 Blue Heron Lane, Lansing, IA	father	50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$
\$ 235.00

TOTAL (if last page of this schedule)

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no applicable in the relationship column.

Page \_\_\_\_\_ of \_\_\_\_\_ familial relationships  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

**EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

Refer Form

<b>SCHEDULE B</b> (Rev. 07/03)	<b>MONETARY EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Joan Kay Behrle

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/2/14	ID# CK#	Dickey's Printing, 308 E. 7th, Waterloo, IA 50703	yard signs	\$ 711.55
9/11/14	ID# CK#	Kwikstar, 101 1st Ave. SE, Oelwein, IA 50662	gas	39.77
9/13/14	ID# CK#	Walmart, 525 Brandilynn Blvd 50613 Cedar Falls, IA	parade candy	13.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
TOTAL (if last page of this schedule)				SUB-TOTAL \$ \$ 764.32

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page \_\_\_\_\_ of \_\_\_\_\_

(for Schedule B)



FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Joan Kay Behrle for Supervisor

SCHEDULE

**E**

(Rev. 06/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF  
AMENDING FORM

Reset Print

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN-KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
09/14/14	Joan Kay Behrle, 12617 Nature Road, West Union, IA 52175	self	printing cartridges	\$ 75.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$

TOTAL (if last  
page of this  
schedule)

\$

75.00

\*Disclosure law requires candidates to disclose the relationship of any relative making an in-kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_ of \_\_\_\_\_  
(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

**RESET****COMMITTEE NAME** (Must be same as on Statement of Organization)

Joan Kay Behrlefor Supervisor

**SCHEDULE****F**

(Rev. 02/08)

**LOANS  
RECEIVED  
& REPAYED**☐ **CHECK THIS BOX IF  
AMENDING FORM****NOTE:** This schedule reports money loaned to the committee which is deposited in the committee account.**TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$** -0**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
7/30/14	Joan Kay Behrle, 126t17 Nature Road, West Union, IA 52175	self	\$ 50.00
9/13/14	Joan Kay Behrle, 12617 Nature Road, West Union, IA 52175	self	50.00

**TOTAL (PART I)**

\$ 100.00

**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT REPAYED
			\$

**TOTAL CASH REPAYMENTS (PART II)**

\$ 0

From Schedule E -- **TOTAL LOANS FORGIVEN**

\$ 0

**TOTAL OUTSTANDING LOANS END OF REPORT PERIOD**

\$ 100.00

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Page \_\_\_\_\_ of \_\_\_\_\_  
(for Schedule F)